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PTO/SB-01 (10-01)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 01050

First Named Inventor Price

COMPLETE IF KNOWN

Application Number 10/035,885

Filing Date 12/24/2001

Art Unit 3732

Examiner Name Kuhns

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Duplication of Lost Dentures

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/24/2001

as United States Application Number or PCT International

Application Number 10/035,885 and was amended on (MM/DD/YYYY) 05/01/2002 (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

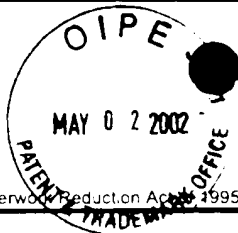
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

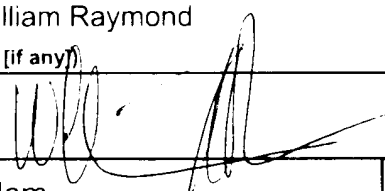

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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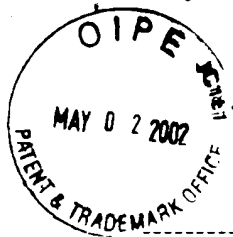


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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		24386		OR <input type="checkbox"/> Correspondence address below	
Robert W. Pitts							
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Country		Telephone			Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name William Raymond (first and middle (if any))				Family Name Price			
Inventor's Signature 				Date May 1 2002			
Winston-Salem		NC		US		US	
Residence: City		State		Country		Citizenship	
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City		State		ZIP		Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Cannon Gary (first and middle (if any))				Family Name Sample			
Inventor's Signature 				Date 5-01-02			
Winston-Salem		NC		US		US	
Residence: City		State		Country		Citizenship	
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Mailing Address							
Winston-Salem, NC		NC		27107		US	
City		State		ZIP		Country	
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

-----X
In the Matter of the Application of
William Raymond Price
Serial No.: 10/035,885
Filed: December 24, 2001
For: Duplication of Lost Dentures
Examiner: Unknown Group Art Unit: 3732
-----X

Commissioner for Patents
Washington, DC 20231

WRITTEN CONSENT OF ASSIGNEE TO CORRECTION OF INVENTORSHIP

D-TEC-DENT, a North Carolina Corporation, the assignee of the entire right, title and interest in US Patent Application 10/035,885 filed December 24, 2001 entitled Duplication of Lost Dentures, as amended to include claims 4-27, consents to Correction of Inventorship in the above identified application to designate Cannon Gary Sample as a co-inventor of the above identified application.

William Raymond Price

Chairman, D-Tec-Dent

5-2-2002

Date